

WAIVERS OF COVERAGE FOR INDIVIDUAL HEALTH PLANS REPORTING FOR JULY 1, 2005 THROUGH JUNE 30, 2006	
Company:	
Address:	
Telephone:	
Please report the following data regarding any waivers of coverage on individual health plans issued from July 1, 2005, through June 30, 2006:	
1. The total number of policies and/or certificates issued with waivers:	
2. A complete list of the various conditions waived:	
3. The number of waivers issued for each condition listed in item #2:	
4. The number of waivers issued by period of time, i.e. waived for one year, two years, three years, etc:	
5. The total number of applications declined for health reasons:	

Agreement

By submitting this form, I affirm that the information set forth in it is true and complete. I understand that false statements, omissions, or other misrepresentations are made may result in immediate action taken on behalf of the Indiana Department of Insurance

Name	
Date	

Waiver Rider Rules

With the new opportunity for insurers in Indiana to issue waivers of coverage on individual health policies as per Bulletin 133, the Department of Insurance thought it might be helpful to condense the specifics of the statute to assist insurers in preparing their riders. The following are items that should be addressed in accordance with IC 27-8-5-19.3 (Association/Discretionary Group) and IC 27-8-5-2.7 (Individual Health):

1. The waiver period should be stated, either as a variable or as a set period of time, not to exceed 10 years.
2. The condition, and any complications thereof, being waived from coverage should be stated as a variable.
3. Include an area for the applicant to sign as an acknowledgement and acceptance of the coverage waiver.
4. Include in bold print, a statement that the applicant is receiving a policy containing an exclusion for that condition.
5. State the waiver period is concurrent with, and not in addition to, any other preexisting limitation or exclusionary period.
6. Include a statement on the waiver form reminding the applicant he/she may decline the offer and apply for coverage through the Indiana Comprehensive Insurance Association.

Obviously, these waivers of coverage would only be issued following the underwriting process, and then delivered with the policy. Remember, only two (2) waivers per person are allowed.

The reporting form due to the Department in September, 2006, as a summary of the waivers issued, will soon be available on this website.